Drug Diversion

In

Hospitals

A Guide to Preventing and Investigating Diversion Issues

Missouri Bureau of Narcotics & Dangerous Drugs

Dear Reader:

State and federal controlled substance regulations require all registrants to have effective controls and procedures in place to prevent and detect the diversion of controlled substances. Once a diversion issue has taken place, the registrants are required to complete certain tasks and file required reports. This booklet has been prepared to assist hospital pharmacists in developing policies and procedures to educate and prevent diversion and also provide some basic instruction into diversion investigations and liability issues.

In a Missouri-licensed hospital, a licensed pharmacist is required to be the Director of Pharmacy services and direct the pharmacy services within the facility. *(19 CSR 30-20.100(1))*. All variances involving controlled substances, inventories, security, record keeping, administrations and disposals are required to be reported to the Director of Pharmacy services for review and investigation. *(19 CSR 30-20.100(13))*. Although controlled substance activities are under the direction of the pharmacy, the state and federal controlled substance registrations and authority are granted to the hospital administration and the management is the holder of the registration and is accountable for overall compliance.

Although this booklet may not cover and address every single law and situation, it addresses the most common and basic issues arising in Missouri hospital cases. Registrants are encouraged to contact the bureau when clarifications or additional information is desired.

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SETTING THE TONE

Importance of controlled substances and drug registrations:

Just like blood is vital to the life force in a human and fuel is required to keep an automobile functioning, the pharmaceuticals are required to keep a hospital operational. Without controlled substances and required registrations, a hospital would not be able to function and provide care. A drug registration is as vital to the hospital as the hospital's license. It should be treated with the same gravity and protection. Hospitals should set a professional tone to deal sternly with any issues that place the hospital's registrations at risk.

The hospital must show what is most important:

The hospital has many things that are extremely vital and must receive the most weight when being considered. These are issues ranked by importance such as patient care, patient safety, hospital licensure, drug registrations, reputation, and media attention. All of these issues should be more important than one person who may have chosen to violate the laws and hospital policies and divert drugs from their legal channels. Hospitals are cautioned not to place one diverting employee over the importance of the hospital's overall operation and liabilities.

Expectations of hospital employees:

Of course all employees should follow all state and federal laws and regulations as well as all policies of the hospital. Employers are required by federal regulation to make their employees aware of federal regulation 21 CFR 1301.90, where employees with knowledge of illegal drug activity are expected to be mandatory reporters. In addition, the hospitals should also let employees know that the hospital's overall operations and liabilities are more important than one individual and the hospital cannot afford to be placed at risk by people violating drug laws. Employees violating these laws should know not only that they are expected to obey laws and polices but they should know to expect repercussions for violations.

21 CFR 1301.91 Employee responsibility to report drug diversion

> Reports of drug diversion by fellow employees is not only a necessary part of an overall employee security program but also serves the public interest at large. It is, therefore, the position of DEA that an employee who has knowledge of drug diversion from his employer by a fellow employee has an obligation to report such information to a responsible security official of the employer. The employer shall treat such information as confidential and shall take all reasonable steps to protect the confidentiality of the information and the identity of the employee furnishing information. A failure to report information of drug diversion will be considered in determining the feasibility of continuing to allow an employee to work in a drug security area. The employer shall inform all employees concerning this policy.

21 CFR 1301.92 Illicit activities by employees

> It is the position of DEA that employees who possess, sell, use or divert controlled substances will subject themselves not only to State or Federal prosecution for any illicit activity, but shall also immediately become the subject of independent action regarding their continued employment. The employer will assess the seriousness of the employee's violation, the position of responsibility held by the employee, past record of employment, etc., in determining whether to suspend, transfer, terminate or take other action against the employee.

SECURITY/ACCOUNTABILTY OF CONTROLLED SUBSTANCES

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- Policies
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- Employee removed from schedule
- No access to drugs/patients
- Do you want this person back?
- Risks from diverting employees
- Infection control
- Media coverage/reputation
- Amending false billing
- Employee reimburses hospital for cost of hospital investigation

This booklet is laid out chronologically in the same order as the bullet points are listed on the previous page.

PREVENTION

Background checks—Both criminal checks and regulatory registration and licensure checks

Controlled substance registrants are required to have run a criminal history background check on employees, before the employees are granted access to controlled substance activities. An employer must know if an employee or potential employee has ever entered a plea of guilty, no contest, *nolo contendere*, or otherwise been convicted of any criminal offense relating to controlled substances. Please note that it is not enough to ask about convictions, but also any guilty pleas. The employer has to know if a person received a suspended sentence and then only received probation.

If the employee is a physician or other individual practitioner with a state or federal controlled substances registration, the employer is required to check to see if the employee's controlled substance registrations have ever been disciplined, revoked, surrendered or had an application denied.

If a person has criminal convictions or guilty pleas or if their drug registration has ever been revoked, surrendered or denied, the person cannot have access to any controlled substances until the employer obtains a waiver. Please note that it is the employer who has to obtain the waiver and not the employee. The employer must go through the bureau's and the DEA's waiver process and obtain a waiver to allow this person to access their drugs. An employer may visit the BNDD website at www.health.mo.gov/BNDD and click on the link to Applications and Forms and obtain an application for a waiver. Basically, the regulatory authorities want the employer's to know that they are aware of the employee's past and the employer will take full responsibility for providing additional security and be held accountable for this employee.

Section 1301.90 Employee screening procedures. (Non-practitioners)

It is the position of DEA that the obtaining of certain information by non-practitioners is vital to fairly assess the likelihood of an employee committing a drug security breach. The need to know this information is a matter of business necessity, essential to overall controlled substances security. In this regard, it is believed that conviction of crimes and unauthorized use of controlled substances are activities that are proper subjects for inquiry. It is, therefore, assumed that the following questions will become a part of an employer's comprehensive employee screening program:

Question. Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing a criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court-martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence.

Question. In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details.

Advice. An authorization, in writing, that allows inquiries to be made of courts and law enforcement agencies for possible pending charges or convictions must be executed by a person who is allowed to work in an area where access to controlled substances clearly exists. A person must be advised that any false information or omission of information will jeopardize his or her position with respect to employment. The application for employment should inform a person that information furnished or recovered as a result of any inquiry will not necessarily preclude employment, but will be considered as part of an overall evaluation of the person's qualifications. The maintaining of fair employment practices, the protection of the person's right of privacy, and the assurance that the results of such inquiries will be treated by the employer in confidence will be explained to the employee.

Section 1301.93 Sources of information for employee checks.

DEA recommends that inquiries concerning employees' criminal records be made as follows:

Local inquiries. Inquiries should be made by name, date and place of birth, and other identifying information, to local courts and law enforcement agencies for records of pending charges and convictions. Local practice may require such inquiries to be made in person, rather than by mail, and a copy of an authorization from the employee may be required by certain law enforcement agencies.

DEA inquiries. Inquiries supplying identifying information should also be furnished to DEA Field Division Offices along with written consent from the concerned individual for a check of DEA files for records of convictions. The Regional check will result in a national check being made by the Field Division Office.

Education of employees—Information available for staff

The registrant is responsible for providing education and training to employees. Educational materials are available at the bureau's website www.health.mo.gov/BNDD. There are also educational materials at the DEA's website www.deadiversion.usdoj.gov. Each individual practitioner's licensing board has educational materials available. Websites for each licensing board may be located at www.pr.mo.gov.

Depending on what resources an employer may have, educational materials may be placed on an computerized intra-net or placed on bulletin boards, staff libraries or placed as handouts and literature in break rooms. In-service trainings and grand rounds may address controlled drug issues.

Training for employees

Employees should know and be shown what is expected so that they know how to comply with controlled substance requirements. It is not fair to have a policy that merely says, "obey policies" or "obey all laws." An employee needs to see and know how inventories and counts are to be conducted and how records are to be documented.

Policies

Hospitals/employers are required to have certain policies relating to pharmacy services. These required policies are addressed in the hospital licensing regulations in 19 CSR 30-20.100 for pharmaceutical services and then also 19 CSR 30-20.120 for anesthesia services. As stated in the hospital licensing regulations, the pharmacy staff may work with the medical staff to develop protocols for the handling of medications. Although a protocol may be established for mid-level practitioners to follow, these protocols must be approved and implemented each time by a person with prescribing authority.

Please note the differences between the two types and locations of regulations for hospitals:

1. Hospital licensing regulations are in 19 CSR 30-20 and these regulations sometimes do not tell the hospital what they must specifically do, but the rules says the hospital must have a policy. The hospital may make their own decisions in these cases, the regulation just requires they have a policy.
2. State controlled substance regulations are in 19 CSR 30-1 and they are very specific. The words used are "must" and "shall" and these rules must be followed as written. The same holds true for the federal drug regulations in 21 CFR Part1300. The controlled drug rules do not use words like "may."

Random compliance checks

It is advisable for the pharmacy staff to work with the risk management and regulatory compliance staff to perform random compliance checks. When practitioners begin diverting drugs and practicing while impaired, one of the first visible signs of impairment is sloppy record keeping and lapses in charting. Pharmacies should set up a system where records are examined and balanced to insure completeness and accuracy. These checks should be random throughout all floors and departments and un-announced. The hospital pharmacy may develop their own internal inspection sheets for each department depending on what their drug activities are.

Discipline and accountability for violations:

Employees should be made aware that random compliance checks are taking place and they will be held accountable for complete compliance with policies, laws, and record keeping requirements. The hospital administration may determine what types of repercussions there are for violations. In some hospitals, record keeping violations may lead to a counseling session, and then a documented write-up, and then loss of holidays or other penalties for continuing violations.

Of course, the discipline should be consistent with the seriousness and frequency of the violations. Diversion and impairment should be treated much more seriously.

There should always be continuous accountability and record keeping for drug usage in a hospital. Therefore the only way to divert a drug is to falsify a record. An employee has to falsify something they typed into the dispensing machine, or falsify an order, administration record or wastage record.

When a person diverts drugs from a hospital and abuses them, the following drug violations are usually cited by the bureau:

1. The person falsified a record regarding an order, an administration or a wastage, or other type of record to hide their diversion. Falsifying any controlled drug record for diversion is a class D felony pursuant to section 195.204.1, RSMo. Each time a record is falsified, it is a separate count.

2. The person diverted, stole and possessed the drug for their personal abuse. This is not covered under their legal practice act and they were not acting in the legal scope of professional practice. There was no legitimate authorized order or prescription for them. This means each time the employee did this, they were in illegal possession of controlled drugs pursuant to Section 195.180 and 195.202, RSMo. Each time they take possession of these drugs, it is a class C felony.

3. The employee did not pay the hospital for the controlled substances they took. The theft of any amount of a controlled substance is an automatic felony stealing charge in section 577.030(3)(k) RSMo.

4. If the employee also diverted syringes, tubing or other items for administration, this also is an illegal possession of drug paraphernalia charge from section 195.233, RSMo.

As you can see, when a person makes a false record, takes a drug for their personal use, they are automatically committing at least 3 felonies each time.

These are people who have chosen to falsify records, be dishonest and break your trust, and abuse drugs. They are not only placing the hospital at risk but also patient care and safety.

Lapses in record keeping

Many times there is no theft or diversion but an employee fails to make a controlled substance record. Failing to document or make any controlled substance record as required by law is a Class A misdemeanor in section 195.252.1 RSMo an may lead to grounds for dismissal.

Drug testing:

Random testing is recommended. Although an employer may not be able to afford random testing for all, it should be a policy where tests can be demanded for cause when drugs are missing in a specific case or an investigation is taking place. Failing to cooperate in a drug investigation should be grounds for dismissal.

SUPERVISION

When a registration has been disciplined by the BNDD for a lapse in security and diversion, almost every single case involved a long-term breakdown in supervision. Most all registrants and practitioners are aware of controlled substance laws and policies and the requirement for continuous accountability. The problem comes in when supervisors are too busy and there are not basic supervisory activities. In recent cases during 2010, employees have been able to steal in ranges of 5,000 to 80,000 doses without detection because supervisors were not providing basic supervision such as the basic concepts described below.

Review record keeping

- One of the first symptoms of impairment is bad charting;
- Incomplete records means your drugs cannot be audited to verify accountability;
- Reviews reveal counts and balances that have discrepancies;
- Reviews reveal drugs withdrawn that no physician authorized;
- Pharmacy employees have purchased extra shipments of drugs unknown to the supervisors;
- Hospitals have a regulation that requires physicians to sign off on orders in patients' charts. The time frame that the physicians have is set by hospital policy. This should be a short time frame so physicians will remember if they actually ordered the drugs or not. When physicians do not have to sign charts for weeks, then other staff can take advantage of the lapse in time and memory.

Counting and auditing drugs

All drug storage areas should be inventoried and audited on a regular basis to insure accountability.

Verify withdrawals from drug storage against physicians' orders

A common method for diversion is for an employee to enter a medication order and pull drugs from storage. The employee makes false records and steals the medications. This type of diversion can go on for a long time. At some point when the employee is found impaired on the job, records are reviewed and it may be found that the person pulled drugs 100 times and only 50 orders were legitimate. It is advisable to conduct these reviews continuously and randomly.

Division of duties and 2-person activities

When one employee wants to waste a controlled substance the law requires a second person to witness the wastage and also sign off on the documentation. There are other situations where a second employee should review the actions of the first employee. Set up a system of checks and balances so one employee cannot have too many duties to divert and hide their actions.

- Pharmacy employees who can purchase new drugs should not be the people checking in the totes when drugs arrive;
- Two pharmacy employees should check in the totes and verify what was received;
- When drugs from a tote are secured and added to inventory a second employee should check what was added to the stock compared to what was paid for on the receipt invoice form;
- One pharmacy employee should look at the trash before another worker is allowed to empty or dump the trash.

Random compliance checks
Performing checks on employees to insure compliance is part of the duties of being a supervisor. Although this may not be possible every day, it is advisable to set aside a scheduled routine time where a supervisor insures that some time is taken each week to play the role of inspector and look at their performance of employees.

INVESTIGATION

Entire books and classes can consume the topics of how to conduct diversion investigations. The BNDD expects registrants to be able to perform the basic rudimentary functions of an investigation by auditing their drug supplies, reviewing records and interviewing staff. Of course registrants may always contact authorities for assistance in conducting investigations. There are some aspects that are mandated by the laws and then there are some other aspects that are standard expectations.

Variances reported to pharmacy
As required by hospital licensing regulation, all variances in records and counts should be reported to the pharmacy for investigation. This should occur immediately and the pharmacy staff should be leading the investigation. The pharmacy staff is usually the most trained in knowing record keeping laws, security laws, regulatory requirements and what must be reported. The pharmacy staff knows what must be reported therefore the pharmacy staff knows what questions must be asked. In previous cases, investigations took place in a department and an employee was dismissed. The pharmacy was notified after-the-fact and required information was not obtained so the pharmacy could not submit complete reports. This caused violations by the hospital. Although a hospital may designate an investigation team and have policies and processes, a pharmacist should take the lead in preparing for the interview and preparing questions that must be asked and answered.

Diverting employees not covered by HIPAA or ADA
There have been times when a human resources department conducted investigations because they believed the employee's drug problem was confidential. An employee action was taken and it involved the Employee Action Plan and the staff was protective over HIPAA concerns and ADA concerns. This was a violation of the laws because the pharmacy was not notified and brought into the investigation. This caused a failure to notify regulatory authorities timely. HIPAA does not protect acts of fraud and criminal acts. A loss or diversion of a drug requires a mandatory report to the Missouri BNDD.

Initial report to BNDD upon discovery of loss
State regulation 19 CSR 30-1.034(2)(B) requires a registrant to notify the BNDD of a loss, diversion or theft upon discovery. The registrant may call, email or fax the BNDD with as much information as possible that is known at the time of the initial discovery. A final loss report is required within 7 working days. If an investigation requires more time, the registrant may ask for more time. The bureau routinely receives faxes that are marked "initial loss report" and then on a later approved date another report is received marked "final loss report." Loss reports may be amended in new information is developed.

Knowing what to report regarding significant losses and insignificant losses. State regulation 19 CSR 30-1.034(2)(B) describes what an "insignificant loss" is. If a drug is lost or not recoverable due to legal activities, this is an insignificant loss. This would be like a tablet being stepped on and crushed, a bottle or vial being dropped and spilled, or drugs being lost during compounding because liquid adhered to the sides of a beaker. The drugs are not recoverable, you must keep records to account for what happened but the activities were legal. There was no crime or theft. In these cases, these incidents are considered "insignificant" losses. They get documented and stapled to the registrant's annual inventory.

What requires a report to BNDD is when a drug is lost, stolen or diverted from legal channels. If a drug is missing and you do not know where it went, it is lost and must be reported, regardless of the amount.

In Missouri regulations, the word "insignificant" has nothing to do with the amount.

Basic investigation components

- Interview with staff;
- Audits of drugs;
- Review of records;
- Interview of employee;
- Drug test results

You will want to interview the complainant or staff that revealed the suspicious activity or initial incident. You will want to document what employees were involved, locations, dates and times. You will want to document the list of drugs. The accountability of those drugs should be audited and records reviewed to see if the drug counts reveal a loss or if drugs were administered without approved orders. As much information as possible should be obtained before interviewing the suspect. Sometimes this involves surveillance or setting up recording devices.

If you can get confirmed information from the suspected employee, the best questions should reveal the person's drugs of choice, when it started, their methods of diversion, what locations did this take place in, what records need to be corrected, and an estimated amount of the drug loss. *An example may be that the loss revealed a shortage of 90 meperidine syringes from the emergency department. The employee admitted to stealing two syringes a day for the last 45 days. The employee entered the patient's name into the records but the patients did not receive these medications.*

Final reports filed

- The final report of incident should be reported to the administration as required by policy;
- The final loss report should be file with the Missouri BNDD. A loss report form is available at the BNDD website www.health.mo.gov/BNDD under the link to forms;
- The DEA loss may be reported online at their website www.deadiversion.usdoj.gov

Quality assurance reviews and reimbursement to insurers

When an employee has diverted drugs from the facility while on duty this usually leads the pharmacy staff and risk management to conduct reviews of each patient the employee had access to regarding quality assurance and other liability issues. Billing usually has to be amended to reimburse private pay, CMS or insurance companies for the drugs the employee diverted.

Keep track of all your expenses during an investigation

The team conducting the diversion investigation should keep track of all their expenses and hours during a diversion investigation. If the diversion by the employee is confirmed the hospital may seek reimbursement from the employee. This may impact at what date the hospital wants to send the employee their final payroll check. The employee may owe the hospital for:

- The amount of the drugs stolen;
- Pharmacy staff review and investigation time;
- Time for the employees and supervisors in that department;
- Time for the quality assurance or risk management staff;
- Time for administration or human resources;
- Time for attorneys of the hospital.

Knowledge that the hospital may seek reimbursement is deterrent to theft. Drug seekers tend to gravitate toward locations with limited and weak oversight and locations were violators face limited consequences.

Example:
An oncology employee diverted over 1,500 syringes in a timeframe that was greater than one year. Each of the employee's records had to be reviewed. Drugs pulled from storage did not match physicians' orders. The review took the hospital 6 months and involved various staff at different levels. The employee was arrested and the hospital turned in a document to the prosecutor seeking over $60,000 in restitution for the hospital staff's time.

Common methods of diversion:

- Staff steals from storage areas without any documentation;
- Staff steals from storage area and falsifies an order for administration;
- Staff falsifies a wastage record to show a drug was wasted, but may have wasted water;
- Staff steals real drug and gives the patient something else;
- Staff steals sharps containers and removes syringes to collect remnants of syringes;
- Pharmacy staff orders/purchases drugs and places them in coat, purse or car, and no second person in the pharmacy is reviewing records;
- Pharmacy employee enters 3 new bottles into inventory record. There are three new bottles on the shelf so records balance. The employee really received 5 new bottles. A second employee has to check the drug stocks against what was paid for on the receipt record/invoice.

ADMINISTRATION ISSUES

As a result of a confirmed diversion situation the administration of the hospital will have some decisions to make regarding the employee(s) involved. These decisions are critical to the patients' health and safety, the hospital's reputation and also sets the tone for employees.

Employee's work schedule and access to medications
At some point the administration may decide to place an employee on leave or terminate employment. Either way the pharmacy should be notified immediately so that this employee's access to medications may be ended in the system. BNDD has had a case where human resources terminated an employee but kept it confidential. The termination was not shared with any other staff in the hospital. The terminated employee returned to the hospital and continued to pull medications from the automated system for several days after being terminated.

Risks that diverting employees pose
Diverting and impaired employees pose a risk to the patients' health and safety. Risks are posed to the hospital's licenses, registration and CMS eligibility through regulatory issues.

Media coverage
The diversion usually leads to media attention so the hospital may decide if they want to address the matter earlier rather than later. People arrested have criminal charges filed which are public records. Licensed practitioners are usually disciplined by their state licensing boards. The BNDD disciplines 100% of the cases it works regarding diversion and impairment. These disciplines are public records that are discoverable upon request. The BNDD has seen both types of circumstances take place. Some cases end up with media attention on the hospital where the practitioner still has privileges and sometimes the relationship between the employee and hospital ended long before any state board or BNDD action was finalized or public.

Hospitals reporting crimes to law enforcement
Registrants are not required by law to report these drug incidents to law enforcement. Registrants have freedom of choice in this matter. Frequently the referrals to law enforcement occur from licensing boards, the BNDD or the DEA. Local law enforcement also contact agencies and request information when they receive information through word of mouth.

Reimbursement for billing errors caused by diversion
The hospital administration would be responsible for reviewing activities and reimbursing payers who paid for an employee's fraud.

Pursuing the employee for compensation/losses to the hospital
The hospital administration may decide if they want to pursue actions against the diverting employee to recover losses for the costs of drugs and staff time in the investigation.

Medical staff and peer reviews regarding discipline
The BNDD has had previous cases where employees who violated rules were brought before medical staff or similar peer groups who were allowed to handle and dispose of these cases. The peers on the group handled the matter in a manner that did not report the thefts to regulators as required and caused further problems. This caused the hospital to face disciplinary actions. In the interest of protecting the hospital, the administration should always make sure they have a representative in these meetings and all actions taken are approved by the administration.

Consistent treatment for all employees
It is advisable for registrants to have a policy for how these types of cases will be handled and then treat all the employees the same when these violations occur. Employers have had problems in other cases when it was discovered that physicians were allowed to attend treatment and return to work but nurses and technicians were immediately fired and reported to law enforcement.

Special provisions in contracts for services
Sometimes hospitals contract for services for pharmacy or anesthesia or emergency room staff. In these contracts the hospital should mandate that they be made aware of any disciplinary issues on practitioners. The contract should provide that if the contracted company removes a practitioner because of an impairment issue, the contract has to notify the hospital immediately because patient care took place in their facility.

Will the diverting/impaired employee be allowed to return to work?
Does the hospital have employees on probation for previous drug issues?

The hospital administration makes decisions regarding whether employees who commit these crimes will be allowed to work in the hospital. Any employee in the hospital who is on probation for drug issues or being monitored by a licensing board or medical staff for similar issues should be brought to the attention of the pharmacy so reviews may take place.

The BNDD understands that hospitals may have Employee Assistance Programs and they may want to allow the employee to return to work. Hospitals may do this and the BNDD notes the following:

- The employee may have stolen and falsified patient records or caused false billing;
- The person may have practiced while impaired;
- The person made the decision to knowingly do these things in violation of existing laws and policies;
- Addiction is a lifetime disease that most often includes relapses;
- If a registrant/employer knowingly allows a person with this history and diagnosis into their hospital with access to their drugs, then if a relapse and violation occurs the hospital/employer is held as liable as the diverting practitioner. The hospital assumes the risk.

Infection Control Issues:

There are circumstances where an employee has removed controlled substances from a vial for self-abuse, and then replaced the contents of the vial with saline. The following scenarios have occurred:

- The employee injects themselves with morphine, and then uses the same syringe to inject the patient with some morphine;
- The employee injects the patient with morphine, and then injects themselves with the remaining morphine using the same syringe;
- The employee injects themselves with morphine and then uses the same syringe to refill the vial with saline;
- An employee will gather sharps containers and then cram their hands down into the containers to dig out all the used syringes they can. The employee is handling and using dirty syringes in order to drain everything they can out of them.

When a hospital discovers a diversion involving medications that are administered with syringes, they should look into the possible infection of the employee and also the possible infection of every patient that employee had contact with.

CONTACT INFORMATION

Missouri Bureau of Narcotics & Dangerous Drugs……..573-751-6321
Email: BNDD@health.mo.gov

United States Drug Enforcement Administration……St. Louis (314) 538-4600
Kansas City (913) 951-4100

MO Dept.of Health—Bureau of Hospital Licensing……..…….(573) 751-6303

Missouri Board of Healing Arts……..(573) 751-0098

Missouri Board of Nursing……...(573) 751-0681

Missouri Board of Pharmacy……(573) 751-0091

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF NARCOTICS AND DANGEROUS DRUGS

REPORT OF LOSS OR THEFT OF CONTROLLED SUBSTANCES

Mail completed report to:
BNDD
P.O. Box 570
Jefferson City, MO 65102-0570

Missouri Regulation 19 CSR 30-1.034(2)(B) requires a registrant to notify the Bureau of the theft, diversion, or significant loss of any controlled substance upon discovery. This report must be submitted within seven (7) days from the date of the loss. The Bureau may be contacted at (573) 751-6321 if more time is needed.

Name and address of registrant	Area code and phone number	Date(s) of theft or discovery
Street Address and City	Missouri BNDD Registration Number	Federal DEA Registration Number
State	Zip Code	County in which located

Principal Business of Reporting Registrant:

☐ MD ☐ DO ☐ DPM ☐ NURSING HOME KIT ☐ DISTRIBUTOR

☐ OD ☐ DVM ☐ DDS ☐ PHARMACY ☐ IMPORTER / EXPORTER

☐ DMD ☐ HOSPITAL ☐ NARCOTIC TREATMENT PROGRAM

☐ EMS ☐ MANUFACTURER ☐ TEACHING INSTITUTION ☐ OTHER _____

Date Reported to DEA (Mandatory)	Was theft reported to police? ☐ YES ☐ NO	Name and phone number of police agency:

Number of thefts or losses registrant has had in past 24 months.	Type of theft or loss ☐ Burglary ☐ Robbery ☐ Employee theft/diversion ☐ Lost in transit ☐ Forgery/falsified records ☐ Other _____

Name(s) of person(s) who committed theft or diversion	Social security number and date of birth of person responsible for committing theft or diversion

The reporting regulation requires the registrant to submit a summary of their internal investigation, the final outcome of the investigation and a copy of any law enforcement reports made when applicable.

☐ Summary and reports are attached ☐ Bureau notified immediately, more time has been granted.

Final summary and reports will follow by _____

Continue on reverse

If loss or theft occurred in transit:

Name of common carrier	Name of consignee	Origin of delivery

LIST OF CONTROLLED SUBSTANCES LOST

(Drug name, strength, dosage form and quantity)

Trade or Brand Name	Generic name	Dosage strength & form	Quantity
Example: Vicodin™	hydrocodone/apap	tablets 7.5/750	24 tablets
Example: Robitussin A-C ™	codeine phosphate	2mg/cc liquid	12 ounces
Example: Demerol ™	meperidine hydrochloride	50mg/ml vial	5 x 30ml
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Print name	Signature	Title	Date

Additional information:

1. Insignificant losses that occur from doing business day to day do not need to be reported. A significant loss or shortage requires reporting.
2. Any suspected theft or diversion must be reported, regardless of the amount. Reports to BNDD and DEA are required, even if no referrals are made to law enforcement or professional licensing boards.
3. Section 195.045, RSMo 2000, states in material part that any person who reports or provides information to the Bureau pursuant to controlled substances laws, and does so in good faith to comply, shall not be subject to civil damages.
4. You may contact the Bureau at: P.O. Box 570, Jefferson City, MO 65102-0570, or call (573) 751-6321 or fax (573) 526-2569.